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FOR INFORMATION

COUNTRY NOTE**

Kenya

SUMMARY

The Executive Director presents the country note for Kenya for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. Some 80 per cent of Kenya's population of 29 million are concentrated in one fifth of the country's land area, resulting in pressure on arable land and the consequent rapid growth of urban slum areas. Absolute poverty affects some 46 per cent of the rural and 29 per cent of the urban population. While nearly 17 per cent of the national budget and 20 per cent of external assistance were allocated to basic social services in 1996/97, this has been counteracted by recurrent droughts, high rates of HIV infection, removal of subsidies within structural adjustment policies, and limited awareness of obligations related to the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. Most social indicators continue to show wide geographic and other disparities.

2. Previously declining infant and child mortality rates rose to 61 and 92 per 1,000 live births, respectively, by 1995. They remain significantly higher than average in Western, Nyanza and Coastal provinces. Mortality from vaccine-preventable diseases has been contained by above 80 per cent national immunization coverage, but diarrhoea, respiratory infections, malnutrition and

* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1998.

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the rapid spread of malaria and HIV are major contributors to young child deaths and illness. The maternal mortality rate is estimated at about 650 per 100,000 live births. The nutritional status of children under five years old has deteriorated, with 34 per cent estimated to be stunted and 25 per cent under weight in 1995. Malnutrition rates are highest in the eastern, western and coastal regions, which include the more arid lands. Access to safe water has declined from an estimated 48 per cent in 1990 to 45 per cent in 1996. In 1996, access to adequate sanitation ranged from 26 per cent in some rural areas to 44 per cent in slums. Primary school gross enrolment has declined from 95 per cent in 1989 to 76 per cent in 1996. While 35 per cent of children participate in early childhood education, only 44 per cent complete primary school, and education participation in arid and slum areas is low, especially among girls. A 1997 survey identified over 109,000 children in need of special protection in 13 districts, in addition to an estimated 500,000 children nationally, including roughly 300,000 children living or working on the streets, neglected, lacking protection or engaged in hazardous labour. It is thought that about 300,000 Kenyan children have already lost one or both parents due to AIDS.

3. This general decline in the welfare of children and women is aggravated by recent drought emergencies to which UNICEF and other agencies responded. The Government's policy response to these trends has included updating the Master Plan for Water and the National Health Reform initiated in 1994 to improve efficiency through decentralization. Responses to the growing problems of the education system, taking place under a 10-year national Master Plan, include facilitating alternative opportunities for out-of-school youth. The 1997 policy statement on AIDS will reinforce Government efforts to invest in preventive measures, including priority treatment of sexually transmitted diseases. The Children's Bill, incorporating key provisions of the Convention on the Rights of the Child into domestic law, is expected to take effect in 1998.

LESSONS LEARNED FROM PAST COOPERATION

4. The 1996 mid-term review (MTR) of the 1994-1998 programme of cooperation rationalized the programme structure into seven main components, including emergency; initiate a move towards less vertical implementation; and gave a stronger emphasis to participation and capacity-building among local organizations involved in basic services delivery. It established a more selective approach to partnerships with non-governmental organizations (NGOs) and stronger collaboration with other donors. A number of promising approaches are being applied, including the use of the regional "Sara Initiative" materials for communication on HIV/AIDS and girls' education, and participatory approaches in non-formal education and urban sanitation. Child-focused advocacy and support to community-level social mobilization are comparative strengths. There has been improved accountability since the 1994 audit through strengthening of internal financial procedures and management skills. Overall, experience in the current programme period indicates that a broad-based strategy, incorporating advocacy and support to capacity-building and policy development, is likely to be more feasible and to have a more sustained impact than one emphasizing service delivery alone.

5. Programme sector evaluations include the Comprehensive Education Sector Analysis which highlighted the proliferation of urban children out of school and the potential role of non-formal approaches. Adjustments to the strategy of the Bamako Initiative were suggested, and the need for further attention to sustainability and monitoring of impact were also derived from evaluations of drought relief activities and the refugee water programme supported jointly by UNICEF and the Office of the United Nations High Commissioner for Refugees.

PROPOSED COUNTRY PROGRAMME STRATEGY

6. The 1999-2003 country programme strategy builds on the efficiency gains realized by the MTR restructuring. It was formulated on the basis of a new situation analysis of children and women in Kenya, which identified priority areas of concerns, and a strategy meeting which involved the Government, UNICEF and representatives of United Nations agencies, NGOs and donor agencies. A preview meeting in February 1998 will discuss the proposed programme and its relation to the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF).
7. While maintaining a commitment to the World Summit for Children goals and to the national programme of action, the programme represents a shift of emphasis to a more rights-oriented approach and a reduction of disparities. Its objectives are to: (a) improve access to basic services in slums and informal settlements; (b) reduce major disparities between the genders and in service access between nomadic and non-nomadic areas; (c) support the Government in establishing and implementing effective policies in key areas of social development to improve access and equity; (d) achieve greater sustainability in programme processes by strengthening community capacity and participation; (e) increase awareness of the rights of children and women; and (f) support research on cultural practices that affect the fulfilment of rights.
8. The country programme strategy will emphasize reducing disparities in access to basic services, including protection, and ensuring a favourable policy environment for children and women. It will focus on: capacity-building and empowerment through promoting the effective participation of beneficiaries in service provision and decision-making; advocacy to promote action on key policy issues, bring about behavioural change through programme communication, and broaden alliances and responsibilities for the achievement of rights; and service delivery, adopting a more integrated, child-focused approach to planning. A geographic focus will be adopted, taking into account the disparities indicated by the situation analysis and the principles of universality and non-discrimination as embodied in the two Conventions, directing services to disadvantaged areas.
9. The objectives will be pursued through a programme structure comprising six components as detailed below. The response to emergencies, including drought, will be funded through an emergency component, as needs arise.
10. The two cross-sectoral programmes, social development planning, monitoring and evaluation and programme communication and participation, will provide support to all programme areas through advocacy and empowerment. The first programme will support child-focused policy development and monitoring systems in gender, child rights, urban services and legal reform in the context of the two Conventions, as well as emergency preparedness planning. The second programme aims to increase awareness of rights through the development of information, education and communication materials on both Conventions; support youth-oriented communication on HIV/AIDS; and provide networking services and capacity-building for NGOs, assisting them to raise awareness of participation rights.
11. The basic education, child protection and development component will reduce disparities by supporting children in need of special protection, early childhood development (ECD) and basic education. The strategies to be pursued by the programme will include the promotion of community participation in school management and child protection activities, parental education for ECD, alternative and complementary learning opportunities, and legal and social frameworks for improved protection of working, homeless and abused children.

The health and nutrition programme aims to improve access by supporting community nutrition and care, the control of micronutrient deficiencies, safe motherhood and reproductive health, and to focus on the expanded programme on immunization and the control of diarrhoeal diseases, malaria and acute respiratory infections through the district health system. It will emphasize service delivery and capacity-building, providing continued support to the health policy reform through strengthening of district health systems and the integrated management of childhood illnesses, with an emphasis on improving the quality of services and care. Improved nutrition and child care will be promoted under the Bamako Initiative through participatory methods. The water and sanitation component will support service access, hygiene and community environmental care, and policy development. It will focus on increasing service access in deprived areas, including slums and arid lands; the development of policies and monitoring systems, including for environmental sanitation; and communication for improved hygiene practices through schools and other channels. Resource mobilization and programme support will provide for external relations, fund-raising and operational support. Fund-raising efforts will aim to build on the recovery of confidence among donor partners that was evident following the MTR through briefings on implementation and donor participation in field visits. A major private sector fund-raising initiative has been introduced as a means of enhancing efforts to mobilize local resources for Kenyan children. The emergency component will provide the programme with rapid response capacity.

12. Collaboration with the Government will be maintained through sectoral ministries at the national level, and district and local committees at the subnational level. The programme coordination and review function will be the responsibility of the Ministry of Planning. Partnerships with United Nations agencies will be pursued within UNDAF, expected to be completed in Kenya during 1998, and in specific areas such as policies affecting children's welfare, with the World Bank; child labour, with the International Labour Organisation; and the control of HIV/AIDS, with the Joint United Nations Programme on HIV/AIDS. The CCA will be supported by periodic updates of the situation of children and women. Partnerships with NGOs will be based on an analysis of management capacity, accountability and presence at the community level. Within UNICEF, a team management approach will be introduced, with team member responsibilities reflected in work plans and individual performance evaluations.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds</u>	<u>Total</u>
Social development planning, monitoring and evaluation	3 012	1 400	4 412
Programme communication and participation	2 910	1 400	4 310
Basic education, child protection and development	3 130	3 500	6 630
Health and nutrition	3 130	4 900	8 030
Water and sanitation	2 434	2 700	5 134
Resource mobilization and programme support	<u>2 169</u>	<u>1 100</u>	<u>3 269</u>
Total	<u>16 785</u>	<u>15 000</u>	<u>31 785</u>

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.
